



The Commonwealth of Massachusetts Board of Registration in Medicine

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Wakefield, MA 01880
(781) 876-8200
www.mass.gov/massmedboard

EMERGENCY APPLICATION TO RENEW OR REACTIVATE A PHYSICIAN LICENSE PURSUANT TO PUBLIC HEALTH EMERGENCY ORDER NO. 2022-09

INSTRUCTIONS: To qualify, a physician must have held a Full License issued by the Massachusetts Board of Medicine; the license must have expired, lapsed or retired within the past 5 years; was licensed in good standing; and is not subject to any outstanding complaints or investigations. Reactivating or renewing the license is limited to practicing in Massachusetts within a facility licensed or operated by the Department, or another state agency, or in another location if approved by the Commissioner. Please complete all sections below and e-mail the completed, signed form to the following e-mail address: emergency.medical.license@mass.gov

1. Legal Name	Last	First	Middle
2. Medical School			
3. Degree Type	<input type="checkbox"/> M.D. <input type="checkbox"/> D.O.	4. Graduation Date	____/____/____ Month Year
5. Last 4 numbers of your Social Security Number		6. Contact Number	
7. Date of Birth	____/____/____ Month Day Year	8. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
9. Mailing Address	Number and Street		
	City	State/Province/Territory	Zip (or postal) Code
10. E-mail Address (will be used for correspondence)			

LIMITATIONS

I have made arrangements to provide services in Massachusetts within the following facility licensed or operated by the Department or another state agency, or in another location if approved by the Commissioner.

Name and address of Facility: _____

DECLARATION OF APPLICANT

Under the penalties of perjury, I declare that there were no prior Board actions resulting in a suspension or revocation and that I am not aware of any open Board complaints that calls into question my ability to practice medicine safely. I also declare that I do not have any medical or physical condition that currently impairs my ability to practice medicine safely. I declare that to the best of my knowledge and belief, the information contained herein is true, correct and complete. **I understand that any falsification or misrepresentation of any item or response on this application or any attachment hereto may be a sufficient basis for denying or revoking a license.**

SIGNATURE: _____ DATE: _____

Licenses renewed or reactivated pursuant to Public Health Emergency Order No. 2022-09 are valid until June 30th, 2022 unless extended by the Commissioner prior to that date, or the public health emergency is terminated by the Governor, whichever shall happen first.